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ABSTRACT

The first annual report of the Disabled Children's Project, a 2-year project in Texas, provides information on project background, goal and objectives, approach, operations and accomplishments, and issues and problems. The project was designed to (1) provide training and support services to birth parents and foster parents of disabled infants and children and (2) help birth and foster parents access social and financial resources available. Main accomplishments of the regional program during its first year were: development of draft standards and procedures for the project nurses in home training of parents; identification of training needs of foster parents; development of a group training curriculum for birth and foster parents on the care of disabled infants and children; provision of nursing consultation services; identification of social and financial resources available for disabled infants and children; development of procedures for identifying disabled children; and identification of disabled children. Major problems encountered included a state mandated hiring freeze and a shortage of nurses in one region. Second year plans include provision of full services to birth and foster parents and development of written guidelines for identifying and accessing social and financial resources. Among appendixes are project forms, the detailed work plan, and correspondence. (DB)

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Innovations in Child Protective Services

P.L. 93-247
Grant Award #06CA287-02

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Annual Report

Disabled Children's Project

September 30, 1987

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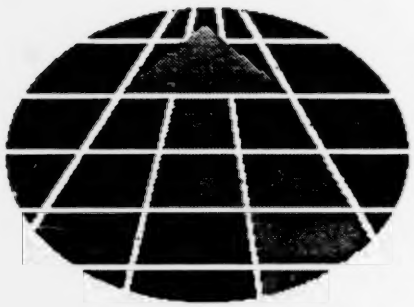

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Texas Department of Human Services

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The views expressed herein are those of the authors and do not necessarily reflect the official position of the Office of Human Development Services of the U.S. Department of Health and Human Services.

DISABLED CHILDREN'S PROJECT

Annual Report

September 1, 1986, through August 31, 1987

September 30, 1987

Written by
Joe G. Flores, Jr., M.S.S.W.

Submitted by

Texas Department of Human Services
Office of Deputy Commissioner for Services to Families and Children
David C. Trejo, Deputy Commissioner

and

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ACKNOWLEDGMENTS

The Texas Department of Human Services (DHS) wishes to acknowledge the contributions of a number of people who helped plan, start, and operate the Disabled Children's Project and who contributed to the preparation of project reports.

Sandra Galindo, R.N., B.S.N., served as project director for the Region 5 project site. Christine Jaimez, CPS supervisor; Helen Grape, CPS program director; and Ethel Crear, regional director for Services to Families and Children, provided regional administrative support to the project.

Jeanette Davis, M.S.S.W., served as project director for the Region 4 project site. Mark Marsh, regional director for Services to Families and Children, provided regional administrative support to the project.

Donna Marler, hotline supervisor with the Protective Services for Families and Children (PSFC) Branch--headed by James C. Marquart, Ph.D.--at headquarters in Austin was the program liaison to the project.

From the Office of Strategic Management, Research, and Development (SMRD)--headed by Murray A. Newman, Ph.D.--efforts were contributed by several members of SMRD's Special Projects Division, which is administered by Alicia Dimmick Essary. Joe G. Flores, Jr., M.S.S.W., project specialist, prepared the grant proposal, process evaluation, and reports to the funding source and arranged for nationwide dissemination of the annual report. Amber Hollingsworth, Mary Garcia, and Nicholas Constant contributed to the good quality of project documents.

General Introduction

In the past year, the Texas Department of Human Services (DHS) conducted 12 projects funded by P.L. 93-247 Basic State Grant Funds (Part I--9 projects) and Medical Neglect Grant Funds (Part II--3 projects). The projects were designed to test ideas for improving services to children in need of protection. Seven projects operated from the state office (Austin), and 5 projects operated from DHS's direct-service regions. However, the seven state office projects involved regional staff and provided direct benefits statewide to all the direct-service regions. (Project titles and locations are shown in figure 1.)

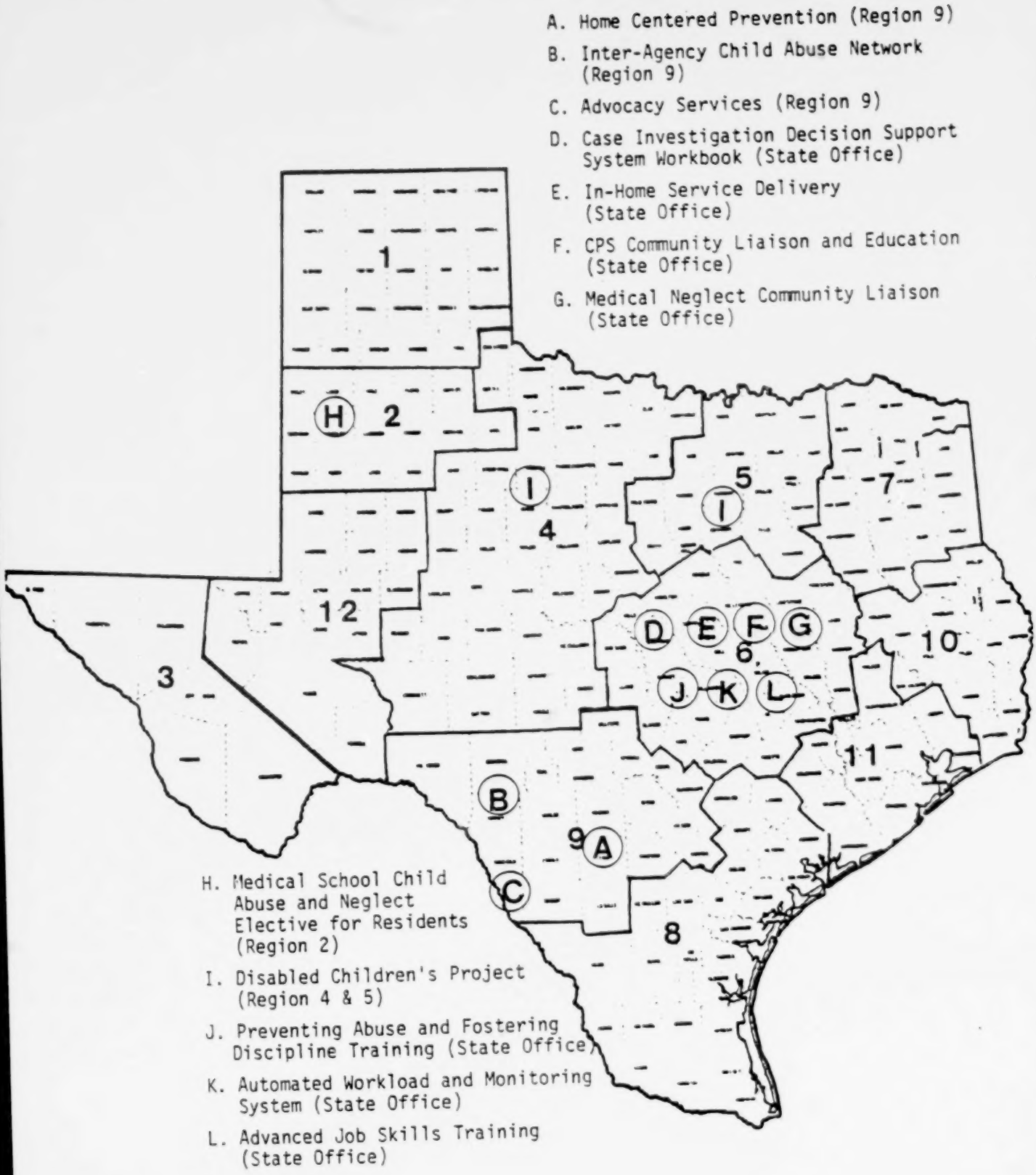
OVERALL OBJECTIVES

Overall objectives established for the 9 projects funded by Basic State Grants (Part I) were--

- to provide equity and consistency of services to the children that DHS's Protective Services for Families and Children (PSFC) Program is responsible for protecting under state and federal law;
- to develop automated applications for use by PSFC staff as part of DHS's "streamlining" initiative;
- to implement strategies to reduce the incidence of child neglect and family violence; and
- to plan for future service delivery needs and future directions in program development and management.

The overall objectives for the 3 projects funded by the Medical Neglect Grant (Part II) were--

- to improve procedures or programs for responding to reports of withholding medically indicated treatment from disabled infants with life-threatening conditions;


A. Home Centered Prevention (Region 9)
B. Inter-Agency Child Abuse Network (Region 9)
C. Advocacy Services (Region 9)
D. Case Investigation Decision Support System Workbook (State Office)
E. In-Home Service Delivery (State Office)
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K. Automated Workload and Monitoring System (State Office)
L. Advanced Job Skills Training (State Office)
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Figure 1. Locations of 93-247 Projects within DHS Regions.

- to develop and implement information and education programs or training programs for professional and paraprofessional staff--including CPS and health care per-sonnel--and for parents, with the purpose of improving services to disabled infants with life- threatening conditions;
- to develop and implement programs to help in obtaining and coordinating social and health services and financial assistance; and
- to establish within health care facilities committees for educating, recommending guidelines, and offering counsel and reviews.

PROJECTS REPORTED ON AND TYPE OF REPORT

This report is one of 12 separately printed documents on the following projects, 5 of which are ending this year (final reports) and 7 of which will continue for another year (annual reports).

Basic State Grants (Part I Funds)

- Home-Centered Prevention Project (annual report);
- Interagency Child Abuse Network Project (final report);
- Advocacy Services Project (final report);
- Case Investigation Decision Support System Workbook Project (final report);
- In-Home Service Delivery Development Project (annual report);
- Community Liaison and Education Project (annual report);
- Preventing Abuse and Fostering Discipline Training Project (final report);

- Automated Work Load Analysis and Monitoring System Project (annual report); and
- Advanced Job Skills Training Project (final report on a three-year project).

Medical Neglect Grants (Part II)

- Medical Neglect Community Liaison Project (annual report);
- Medical School Child Abuse and Neglect Elective for Residents Project (annual report);
- Disabled Children's Project (annual report).

FOR MORE INFORMATION

Each of the 12 annual or final reports may be obtained by contacting--

Texas Department of Human Services
Office of Strategic Management, Research, and Development
P. O. Box 2960 (Mail Code 234-E)
Austin, Texas 78769
Telephone Number (512) 450-3646 or (512) 450-3648

EXECUTIVE SUMMARY

Project's Purpose

The Disabled Children's Project was designed (1) to provide training and support services to birth parents and foster parents of infants and children who have disabling conditions and (2) to help these birth parents and foster parents access social and financial resources available for infants and children who have disabling conditions.

Organization

The project was a joint effort between regions 4 and 5 of the Texas Department of Human Services (DHS). Each region had a project site, which operated independently of the other but cooperated in sharing information and reporting findings.

Reporting Period

The two-year project ended its first year of operation in August 1987. This report, a process evaluation, describes the first-year efforts of project staff to develop the Disabled Children's Project.

Main Accomplishments

In its first year, the project--

- o developed draft standards and procedures for the project nurse's in-home training of birth parents and foster parents;
- o identified training needs of foster parents;
- o developed a group training curriculum for birth parents and foster parents on how to care for infants and children who have disabling conditions;

- provided nursing consultation to CPS staff on infants and children who have disabling conditions;

- identified social and financial resources available for infants and children who have disabling conditions and began compiling the information in a resource directory;

- developed procedures for identifying children who have disabling conditions; and

- identified children who have disabling conditions.

Overcoming Problems

Project sites were plagued by hiring problems due to (1) the state's financial crisis, which resulted in a hiring freeze; and (2) a shortage of nurses in Region 5. Yet project staff were able to accomplish various important activities in a relatively short time. The accomplishments were facilitated by the cooperation of Region 5 staff, who were able to begin four months earlier than Region 4. Region 5 staff shared detailed information and materials with Region 4 staff. In addition, both project directors demonstrated effective skills in implementing the project in their regions.

Second-Year Plans

During its second year, the Disabled Children's Project is expected to provide full project services to birth parents and foster parents on how to care for infants and children with disabling conditions. In addition, written guidelines will be developed for identifying and accessing social and financial resources available for infants and children who have disabling conditions and for their families.

1. BACKGROUND

Care Needs Dismay Some Parents

Infants and children with life-threatening medical or disabling conditions require a tremendous amount of care and ongoing medical treatment to ensure their survival. Unfortunately, some birth parents find their child's condition so traumatic that they either cannot or will not provide the necessary care.

Effects on Child-Protecting Agency

In cases where birth parents cannot or will not provide care necessary for the survival of their child, responsibility for ensuring the child's protection falls upon the Child Protective Services (CPS) Program in the Texas Department of Human Services (DHS). When substitute (foster) care is needed, CPS frequently finds that the attitudes and feelings expressed by potential foster parents are similar to those observed in the birth parents. Specifically, foster parents also are afraid to assume the responsibility and risks of caring for a child with life-threatening or disabling conditions. These similarities of feelings, attitudes, and lack of skills among birth and foster parents pose a critical placement dilemma for CPS.

Recognizing the unique problems associated with caring for infants and children who have disabling conditions, DHS regions 4 and 5 proposed to address these problems through the Disabled Children's Project.

2. GOAL AND OBJECTIVES

The goal of the Disabled Children's Project is to enable infants and children who have disabling conditions to receive necessary care for survival. Five objectives have been established for this project.

1. To provide training to birth parents, foster parents, and respite care providers on how to care for infants and children who have disabling conditions.

2. To develop and provide supportive services to birth parents and foster parents of infants and children who have disabling conditions.

3. To provide nursing consultation to respite care providers for infants and children who have disabling conditions and to CPS staff.

4. To develop and implement procedures for identifying and accessing social and financial resources available for infants and children who have disabling conditions and for their families.

5. To develop reliable information on actual placement needs of infants and children who have disabling conditions.

3. APPROACH

Project Model

The project presents a model designed (1) to provide training and support services to birth parents and foster parents of infants and children who have disabling conditions and (2) to help these birth parents and foster parents access social and financial resources available for infants and children who have disabling conditions.

Training. The project will provide training to caretakers of children who have disabling conditions through two interrelated training components. First, the caretakers will receive ongoing individualized in-home training. Later, they will be given specialized (group) training.

Resource Directory. Helping children who have disabling conditions and their families to access social and financial resources will be accomplished through the development of a resource directory. In addition, project staff will work with specific programs to improve the accessibility of services to disabled children.

Target Population

The primary target populations for the project consist of birth parents and foster parents of children (from newborns to 18-year-olds) who have life-threatening medical or disabling conditions and who have been referred to CPS for services. The child must live at home, rather than in a residential treatment center or institution. In addition, a teaching need must exist--that is, the child must have a medical need that project staff can teach the biological parents and foster parents to take care of (e.g., training parents to care for a bedfast child).

4. PROJECT OPERATIONS AND ACCOMPLISHMENTS

Chapter Contents

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Project Sites and Staffing

Sites. The project is a joint effort between DHS regions 4 and 5. Each region has a project site, which operates independently of the other, but sites cooperate in sharing information and in reporting findings. These two project sites provide an excellent opportunity to test the project's model in both rural (Region 4) and urban (Region 5) settings.

Approved Staffing. Region 4 was approved for the following positions: full-time project director, nurse, caseworker, and 40 percent clerk. Region 5 was budgeted for the following full-time staff positions: project director, two nurses, caseworker, and clerk.

Actual Staff Hiring. Project sites were plagued by hiring problems due to (1) the state's financial crisis, which resulted in a hiring freeze; and (2) a shortage of nurses in Region 5. The project director for Region 5 (who is a nurse) was hired in December 1986, but the project was not fully staffed until August 1987. In Region 4, the caseworker was hired in January 1987 but resigned in May 1987. The project director was hired in April 1987, while the nurse started in June 1987.

Identifying Children Who Have Disabling Conditions

Information Form. An initial information form was developed (See Appendix A) to identify (1) infants and children with disabling conditions who are in the CPS system and (2) their needs. The form was sent with a cover memo to all CPS program directors and supervisors. The memo requested that all CPS workers complete a form on each disabled child in their caseload. Through use of this form, the project began to identify children with disabling conditions.

Referrals. During the year, Region 4 received 128 referrals, and Region 5 received 173 referrals that identified children with medical or disabling conditions. Appendix B gives a breakdown of referrals received, broken out by age and sex for each region, and a list of types of medical problems being identified. Project staff reviewed referrals to ensure that the children identified were medically needy and that the parents could be taught to take care of the child. In the majority of the referrals, project staff will need to make a home visit to assess the child's and family's needs.

As project staff met with supervisors and workers, more referrals were received. Thus, project staff felt that there may be some disabled children who have yet to be reported. In the midst of a crisis, CPS caseworkers do not always have time to consider support services avail-

able to them. One way for project staff to identify disabled children is by attending placement meetings and case staffings and taking the initiative in locating children appropriate for the project. It is anticipated that as CPS workers become more familiar with the project and the services it can provide, they will regularly initiate the referral.

Project Standards and Procedures

The Region 5 project director, in conjunction with legal staff, developed draft standards and procedures for the project nurse. Since the CPS Handbook does not provide guidelines for in-home nursing services, the project had to develop policies and procedures outlining her legal and professional role. It was also important to have policies and procedures that ensure patient safety and meet recommended medical guidelines.

The standards serve as guidelines in providing care (whether it is teaching or consulting) and include forms for documenting nursing history, patient assessment, progress notes, findings, planned interventions, and follow-up progress. In addition, an age-appropriate health assessment tool is included that may be used to provide a thorough evaluation of the child's and family's needs. Each assessment allows staff to evaluate the child physically, neurologically, and developmentally by specific age groups.

In August 1987 Donald L. Kelley, M.D., deputy commissioner for Health Care Services in DHS's state office, reviewed the draft nursing standards to ensure they meet with recommended medical guidelines. A copy of his approval of the procedures is in Appendix C. Region 5 expects to begin in-home training (nursing services) in September 1987.

Using a different approach to ensuring patient safety and comformity of nursing services with medical guidelines, Region 4 decided (1) to rely on case-by-case local physician orders as a guide for providing in-home nursing services and (2) to selectively adapt portions of the project standards developed by Region 5.

Both approaches are expected to protect the nurses professionally and legally. During the second year of the project, when the procedures are fully implemented, the project sites will share their experiences with the procedures and make changes as needed.

Foster Parent Questionnaire

The Region 5 project director developed a questionnaire to identify foster parents' training needs. Questionnaires were mailed to all foster parents in Region 5. Results indicated that the foster parents viewed (1) cardiopulmonary resucitation (CPR), (2) disorders of medically needy children, and (3) nutrition as their top three training needs. Information from the questionnaires was used in developing the specialized (group) training curriculum.

Individualized In-Home Training

Region 4 provided some limited in-home nursing services during the month of August for five disabled children. One case summary with a description of the project's intervention is provided in Appendix D.

Both regions are expected to start full in-home training in September 1987.

Specialized (Group) Training Modules

Project staff were at the final stages of completing the project's seven specialized training modules: (1) Disorders of the Medically Needy Child, (2) Growth and Development, (3) Caring for Sick Children, (4) Caring for the Wheelchair-Bound Child, (5) Caring for the Bedbound Child, (6) CPR, and (7) Nutrition. The modules will be used for group training of parents, foster parents, and CPS workers on how to care for the disabled child.

Both regions are planning to conduct their first group training in late September 1987. Copies of the training modules will be available during the second project year. Other programs working with disabled children should find various modules useful and adaptable to their needs.

Nursing Consultation

Project staff attended case staffings, permanency planning team meetings, and foster care unit placement meetings and provided nursing consultation as needed. In addition, CPS staff contacted project staff directly and discussed specific problems or cases. A log was kept to record consultation information (i.e., caseworker, headquarters, child's name and date of birth, problem, and result of contact). Region 4 reported 49 consultations on 18 children; Region 5 had 360 consultations on 91 children.

Impact of Project on CPS

While it is too early to make judgments about the project's impact on the CPS program, certain observations may be made. With the involvement of project staff the CPS worker has an important resource in providing services to the child and family. Project nurses have the

medical background and experience to help the CPS worker make informed decisions about the medically needy child. For example, in one case a nurse was able to give information on the complex medical needs of a child to the CPS worker, who later helped a judge understand the child's needs. In another situation, a nurse helped a foster family understand the physician's instructions on how to care for the child.

The project caseworker has valuable information on resources available for disabled children and has helped CPS workers and families obtain needed resources. For example, one foster parent explained that she had refused a child with cerebral palsy because she and her husband felt they would not have the support needed to learn to care for the child. The project caseworker informed the foster parent about support that the project could offer. A second family thought they could not accept disabled children because they were not a therapeutic home. The caseworker clarified the difference between disabled children, who can be cared for in a foster home, versus children with severe emotional problems, who do require care in a therapeutic home.

Resource Directory

Both project sites worked on compiling a directory of existing resources for their regions. Region 4 had obtained information on 39 agencies or programs, and Region 5 had contacted 53 agencies or programs. The directory will focus on resources that aid the child with disabling conditions. Gathering this information will also help to identify gaps in services for the disabled child.

Respite Care Services

After discussions with legal staff, the project decided not to actively recruit respite care providers. Recruiting by the project staff could make DHS legally responsible for the performance or nonperformance of these providers. However, the project will train respite caregivers designated by the family and will continue to explore other avenues to assist families that need respite care.

Acquainting Other DHS Staff with the Project

Staff assigned to the project held meetings with regular CPS program staff and staff from other DHS program areas (e.g., Community Care for the Aged and Disabled, Family Health Services). The purpose of the meetings was to acquaint other DHS staff with the project's goal and objectives and to update them on project progress. These DHS staff are an important source of referrals.

In addition, project staff also contacted over 70 entities (intergovernmental committees, hospitals, government offices, educational agencies, private health-related agencies, other social service agencies, and churches) to seek technical assistance (e.g., starting a respite care program), to gather information, and to describe the project's purpose.

Coordination between Project Sites

The two project sites coordinated their efforts through meetings, phone contacts, sharing monthly reports, and two meetings held during this project year.

First Meeting. On April 9-10, 1987, the Region 4 project director met with the Region 5 project director in Fort Worth. The purpose of the meeting was to (1) discuss the projects' goal and objectives, (2) share

material developed by Region 5, (3) discuss issues and problems, and (4) discuss how the project sites will coordinate activities. The Region 5 project director provided detailed information and material, including project start-up experiences, draft procedures manual and forms, personnel material, and project need assessment survey forms. In addition, plans for sharing in the development of training modules were agreed on.

Second Meeting. A second meeting between the two project sites was held on June 29-30, 1987. This meeting focused on sharing the draft modules for group training developed by each project site. The modules--which include a pre-test and post-test, outline, time agenda, and bibliography--will be submitted to the Professional Development Association of Tarrant County in an effort to be able to award continuing education credits (CEUs) to those who attend the group training. Finally, target dates for the training were discussed.

Staff Training

Project staff participated in various DHS training (e.g., Basic Job Skills Training for CPS workers, NOVA training) and other non-DHS, health-related training (e.g., CPR instructor course). The purpose was to gain knowledge about the CPS program and to enhance nursing skills, particluarly those needed for working with children who have disabling conditions.

Volunteer Registered Nurse

The Region 4 project site expects to be using the services of a volunteer registered nurse in the next project year. A retired registered nurse in Sweetwater, Texas, has expressed an interest in volunteering to work in the Sweetwater and Abilene areas. The project director sees the volunteer playing an important role in

helping provide services, particularly since Region 4 is so large that one project nurse cannot cover it all.

Work Plan

A detailed work plan was developed for the project and can be found in Appendix E. Most project time frames were not met due to the problems in hiring staff.

Evaluation Plans

An impact evaluation on the project had been planned. However, due to the project's implementation delays, a detailed evaluation plan has not been completed. It is anticipated that a detailed impact evaluation plan will be developed in October 1987.

A process evaluation plan was developed for the project and can be found in Appendix F. The plan was used to evaluate the project's progress in meeting its objectives.

Utilization and Dissemination Activities

Project staff made numerous presentations about the project to CPS staff, other agencies, foster parent associations, local physicians, and area health agencies. Some foster parent associations printed articles describing the project in their newsletters.

The project was also featured in both regional newsletters and in DHS's statewide We magazine. A copy of the We article is in Appendix G.

5. ISSUES AND PROBLEMS

Project Activities Impeded

Project sites were plagued by hiring problems due to (1) the state's financial crisis, which resulted in a hiring freeze; and (2) a shortage of nurses in Region 5. Yet project staff were able to accomplish some important activities in a relatively short period. The accomplishments were facilitated by the cooperation of Region 5 staff, whose project started four months earlier than Region 4. Region 5 staff shared detailed information and materials with Region 4. In addition, both project directors demonstrated effective skills in implementing the project in their regions.

In Region 5, the Dallas-Fort Worth area, hiring nurses for the project was a difficult task because the area was experiencing a nursing shortage. Two factors appeared to affect the hiring problem--(1) the temporary nature of the project (two years) and (2) the uncompetitive salary offered. The project director dealt with the problem by aggressively recruiting from local nursing schools, placement offices, and nursing organizations.

After DHS's hiring freeze was lifted, Region 4 (which is largely a rural area) had no difficulty in hiring a nurse.

Project Licensure

Early in the year, a question arose about whether the project had to obtain a license or a waiver from the Texas Department of Health (TDH). The project proposed to provide nursing services in the client's home, which

is defined as home health services according to TDH regulations. TDH requires agencies providing home health services to be licensed.

Since the project was not requesting reimbursement for services or other consideration from the client, Region 5 project and legal staff requested that TDH waive the licensure requirement. TDH formally responded to DHS's request by advising that no license (or waiver) was needed because the project services are not offered for pay or other consideration. Unfortunately, this issue lingered for six months. TDH's response on the issue was not forwarded to the project until June 16, 1987. Correspondence on the issue can be found in Appendix H.

Liability Issues

Project staff spent considerable time, particularly in Region 5, working with DHS legal staff to ensure that DHS and project staff were not held liable for any project services or activities. Two areas of concern were (1) recruiting respite care providers and (2) procedures for individualized in-home training.

Recruiting Respite Care Providers. Legal staff were concerned that recruitment of respite care providers by the project staff could make DHS legally responsible for the performance or nonperformance of these individuals. After meeting with legal staff, the project decided not to actively recruit respite care providers. However, the project will train respite caregivers designated by the family and will continue to explore other avenues to assist the family with needed respite care.

Procedures for In-Home Training. Legal staff were also concerned about project nurses performing physical assessments or examinations of children that (1) would require clothing to be removed and (2) might require an evaluation of the genito-urinary system. As a result, Region 5 project staff, in conjunction with legal staff,

developed the project's nursing standards and procedures.

Although developing and obtaining approval of the nursing standards and procedures took the entire project year and delayed the project's in-home training (nursing) services, the efforts were well spent because the standards (1) provide policies and procedures outlining the legal and professional role of the project nurse; (2) ensure patient (client) safety; and (3) meet recommended medical guidelines.

APPENDIXES

Disabled Children's Project

APPENDIX A

Initial Information Form

MEMORANDUM

TEXAS DEPARTMENT OF HUMAN SERVICES

SUBJECT: Disabled Children's Project

TO: All Child Protective Services Program Directors and Supervisors Region 05

FROM: Sandra Galindo, RN, BSN Coordinator Disabled Children's Project Fort Worth 128-9

DATE: December 16, 1986

A Disabled Children's Project has been funded to meet the needs of medically needy children in Child Protective Services. The goal of the project is to enable infants and children who have disabling conditions to receive necessary care for survival.

The Project will provide training and support services to birth parents and foster parents of infants and children with disabling conditions. It will also assist these families in accessing social and financial resources available for infants and children with disabling conditions.

We need your help in identifying these children and their families. Please have all caseworkers complete the attached forms (one per child).

In some cases, duplication will occur with children in foster placement. However, we still need each child's caseworker and foster care worker to complete a form for each child under their supervision.

Your cooperation is greatly appreciated. The attached form will also aid project staff in identifying who may be eligible for project services. If you have any questions, please feel free to contact me at (817) 921-3411, extension 285.

Please return all forms by January 15, 1987 to Sandra Galindo, inter-office mail code 128-9.

Sandra Galindo, R.N. BSN

Sandra Galindo, RN, BSN
Coordinator

SG:gmb
cc: Christine A. Jaimez, CPS Supervisor Fort Worth 128-9
Joe Flores, Program Specialist State Office 234-E
Helen H. Grape, Program Director ,Dallas 098-1

DISABLED CHILDREN'S PROJECT
-Initial Information Form-

INSTRUCTIONS: To be completed on each individual child. Thank You.

1. Name of Child:_____ DOB:_____
2. Child's Worker:_____
3. Unit Supervisor:_____
4. Current Address of child:_____
   _____
5. Identify: Biological home ☐
   Foster Home ☐ Name:_____
6. Diagnosis/medical problem:_____
7. Recommended Treatment:_____
   _____
   _____
   _____
8. Prognosis of child's condition:_____
   _____
   _____
9. What needs are not being met at this time? Please list.
   _____
   _____
   _____
   _____
10. Worker's/Supervisor's Address/Phone Number:_____
    _____
    Mail Code:_____

****

PLEASE RETURN THIS FORM BY JANUARY 15, 1987 to :

Sandra Galindo, R.N., Disabled Children's Project
3114 So. Riverside Dr.
Fort Worth, Texas 76119
Mail Code 128-9

GUIDELINES FOR SUBMITTING DISABLED CHILDREN'S PROJECT
- Initial Information Form

Only Children under Child Protective Services are eligible for care. The child must have a disability. A disability is any condition preventing a person (child) from functioning normally in his/her environment. The disability may be physical, mental, emotional, or any combination of these. Any child under a physician's care may be eligible.

Disabling conditions may include cerebal palsy, cystic fibrosis, sickle-cell anemia, hydracephalus cardio-pulmonary disorders, trisomy, spina-bifada, Down's Syndrome, conditions necessitating tube-feeding, as well as failure-to-thrive or hyperactivity.

If in doubt of eligibility or need, complete the form. If you need any information or assistance, call Sandra Galindo, RN, BSN at (817) 921-3411.

Thanks for your cooperation and assistance.

APPENDIX B

Referrals by Age and Sex for Each Region
and List of Types of Medical Disorders

DISABLED CHILDREN'S PROJECT
Number of Referrals Based on Age & Sex
First Project Year

REGION 4

Age	Male	Female	Total
0 - 12 months	3	8	11
1 - 5 years	25	22	47
6 - 9 years	11	15	26
10 - 12 years	10	5	15
13 - 17 years	18	11	29
	67	61	128

REGION 5

Age	Male	Female	Total
0 - 12 months	21	8	29
1 - 5 years	50	30	80
6 - 9 years	14	9	23
10 - 12 years	5	7	12
13 - 17 years	20	9	29
	110	63	173

DISABLED CHILDREN'S PROJECT
Types of Disorders Being Referred

Note: children being referred may have more than one disorder.

Cancer
- Brain Tumor

Cardiovascular
- Patent Ductus Arteriosus
- Heart Murmur
- High Blood Pressure
- Congenital Heart Defect

Pulmonary
- Chronic Bronchitis
- Asthma
- Chronic Respiratory Problems
- Chronic Congestion
- Chronic Pneumonia

Neurological
- Paralysis
  - Spastic Quadriplegia
  - Partial
- Cerebral
  - Cerebral Palsy
  - Static Encephalopathy
  - Hydrocephalic with Atrophy of the Frontal Lobe
  - Hydrocephalic
  - Microcephalic
  - Brain Damage
  - Intracranial Hemorrhage
  - Shunt
  - Neurological Damage
  - Neurofibromatosis

Seizures

- Seizure Disorder (Petit Mal)
- Epilepsy (Petit Mal)
- Complex Seizures
- Seizure Disorder
- Siezure Disorder (Grand Mal)
- Epilepsy
- Epilepsy (Grand Mal)

Spina Bifida

Mental Retardation

- Profound
- Mild
- Moderate
- Boderline
- Unknown

Hyperactivity

ADD

LLD

Birth Defects

- Weak Sucking Response
- Cleft Palate
- Fetal Alcohol Syndrome
- Intrauterine Groth Retardation
- Webbed Fingers

Genetic Disorders

- Possible Myotonic Dystrophy
- Unknown Genetic Problems
- Leopard Syndrome
- Down Syndrome
- Poland Syndrome
- Praderwilli Syndrome
- Larance Moon bidal Syndrome
- Cystic Fibrosis
- Delang Syndrome

Orthopedic

- Brittle Bone Disease
- Dislocated Hip
- Fractured Left Humerus
- Hip Dysplasia
- Knee Problems

Dermatology

- Severe Allergic Reaction
- Atopic Eczema
- Ectodermal Dysplasia

Sensory Impairment

- Blind
- Cortical Blindness
- Visually Impaired
- Partial Hearing Loss
- Deaf

Renal

- Enlarged Kidneys
- Partial Loss of Kidney Function
- Recurring Kidney Infection

Other

- Burns
- Chronic Ear Infections
- Austistic
- Prematurity
- Obesity (severe)
- Tubes in Ears
- Dwarfism
- Diabetes
- Eating Disorder
- Allergies

APPENDIX C

Approval of Standards and Procedures

DISABLED CHILREN'S PROJECT

I have read the draft Disabled Children's Project clinical (nursing) policies and procedures and agree with recommended criteria for providing services to eligible clients/patients.

Donald L. Kelley, M.D. 8-29-97

Donald L. Kelley, M.D.
Deputy Commissioner
Health Care Services

Date

APPENDIX D

Case Summary

DISABLED CHILDREN'S PROJECT
Case Summary

Background

Billy is a three year old anglo male who was placed in foster care in December of 1986. He has seizures which physicians attempted to control, first with Tegrotol and later with Valpuric acid. He is seen at West Texas Rehabilitation Center (WTRC) in San Angelo twice weekly for OT and PT. He walks with a peculiar gait. An orthopedic evaluation was done at the time of referral to the project. He appears to understand a great deal of what is said to him but has almost no expressive language at the time of referral.

Intervention

Preparation. In preparation for contact with the foster mother, the project nurse compiled a great deal of information about seizures and the side effects of medications commonly used to control seizures.

Home Visit. Written information about seizures and the side effects of medications commonly used to control seizures was provided to the foster mother. Observation of Billy revealed an extremely hyperactive little boy with virtually no attention span unless he had the uninterrupted attention of an adult. According to the foster mother, he sleeps very little, sometimes not going to sleep until 2:00a.m.,. He is scheduled to begin ECI classes in the fall.

Observation at WTRC. The project nurse observed Billy in OT and speech therapy sessions at WTRC. The nurse noted ha appeared to respond well to the structured environment. The nurse was able to talk individually with both therapists and learned a great deal about the work being done with Billy and the progress ha has made.

Contact with Physician. After receiving information from the project nurse, the foster mother contacted the physician to discuss the possibility that the Valpuric acid was causing Billy's hyperactivity. The medication was changed to Dilantin.

When the project nurse contacted the pediatrician, the doctor expressed appreciation for our contact with the foster mother indicating she had not considered the possibility the medication was causing the child's behavior until the foster mother brought up that possibility. The doctor also indicated she had not referred the child for a neurological evaluation because she was not certain how "agressive" she could be in finding out was wrong with the child. When assured she need not hesitate because of Billy's legal status, she referred him to a pediatric neurologist in San Antonio for evaluation.

Results. Since the change in medication, Billy has been going to bed at 10:00 p.m.,. Billy is scheduled for neurological evaluation on 9/4/87.

Follow-up. Yes.

APPENDIX E

Detailed Work Plan

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DETAILED WORK PLAN

Disabled Children's Project	Pre-Planning			1986 - 1987 Operations											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
TASK 1. HIRE PROJECT DIRECTOR															
1.1 Develop job description	—														
1.2 Consult personnel	—														
1.3 Audit job	—														
1.4 Post job	—														
1.5 Interview applicants		—													
1.6 Hire director		—													
1.7 Orient director regarding project goals and objectives		—	—												
TASK 2. HIRE PROJECT STAFF															
2.1 Assist director in job posting and interviewing			—												
2.2 Hire project staff			—												
2.3 Orient staff regarding goals and objectives			—	—											
TASK 3. ACQUAINT CPS PROGRAM, HEALTH DEPARTMENT AND MAJOR COUNTY HOSPITALS STAFF WITH PROJECT OBJECTIVES															
3.1 Schedule and hold meetings with CPS program staff			—	—											

E-1

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Disabled Infants Project	Pre-Planning			1986 - 1987 Operations											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
3.2 Introduce project's goal's and objectives			—	—											
3.3 Introduce project staff				—											
TASK 4. DESIGN SPECIALIZED TRAINING CURRICULUM															
4.1 Develop content of modules				—	—	—	—	—	—	—	—	—	—	—	—
4.2 Develop any specific modules for cases needing immediate attention				—	—	—	—	—	—	—	—	—	—	—	—
4.3 Request and receive review and comment from CPS staff, parents, and Health Department				—	—	—	—	—	—	—	—	—	—	—	—
4.4 Revise and finalize modules				—	—										
TASK 5. CONDUCT DESK REVIEW OF CASES OF DISABLED INFANTS															
5.1 Develop questionnaire and conduct survey of cases now in DHS system			—	—	—	—									
5.2 With CPS program, devise method(s) and forms to allow access to project cases and system for return to program			—	—	—										
5.3 Receive referrals for project review; screen and respond to program within agreed time frames				—	—	—	—	—	—	—	—	—	—	—	—
5.4 Assess availability of appropriate curriculum for reviewed cases				—	—	—	—	—	—	—	—	—	—	—	—

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Disabled Infants Project	Pre-Planning			1986 - 1987 Operations											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
5.5 Finalize training modules															
TASK 6. IMPLEMENT INDIVIDUALIZED GROUP TRAINING/ CONSULTATION															
6.1 Assign cases to project staff															
6.2 Initiate contact with parents and explain project and training															
6.3 Start individualized instruction															
6.4 Design and conduct group training															
TASK 7. DESIGN AND CONDUCT RECRUITMENT CAMPAIGN FOR RESPITE CARE PROVIDERS															
7.1 Determine strategy(s) that are most likely to be successful															
7.2 Develop appropriate strategy and implement for recruitment of target population															
7.3 Determine who will direct recruitment efforts															
7.4 Determine method by which providers may apply															
7.5 Print recruitment materials															
7.6 Arrange for public service announcements (T.V. and radio)															

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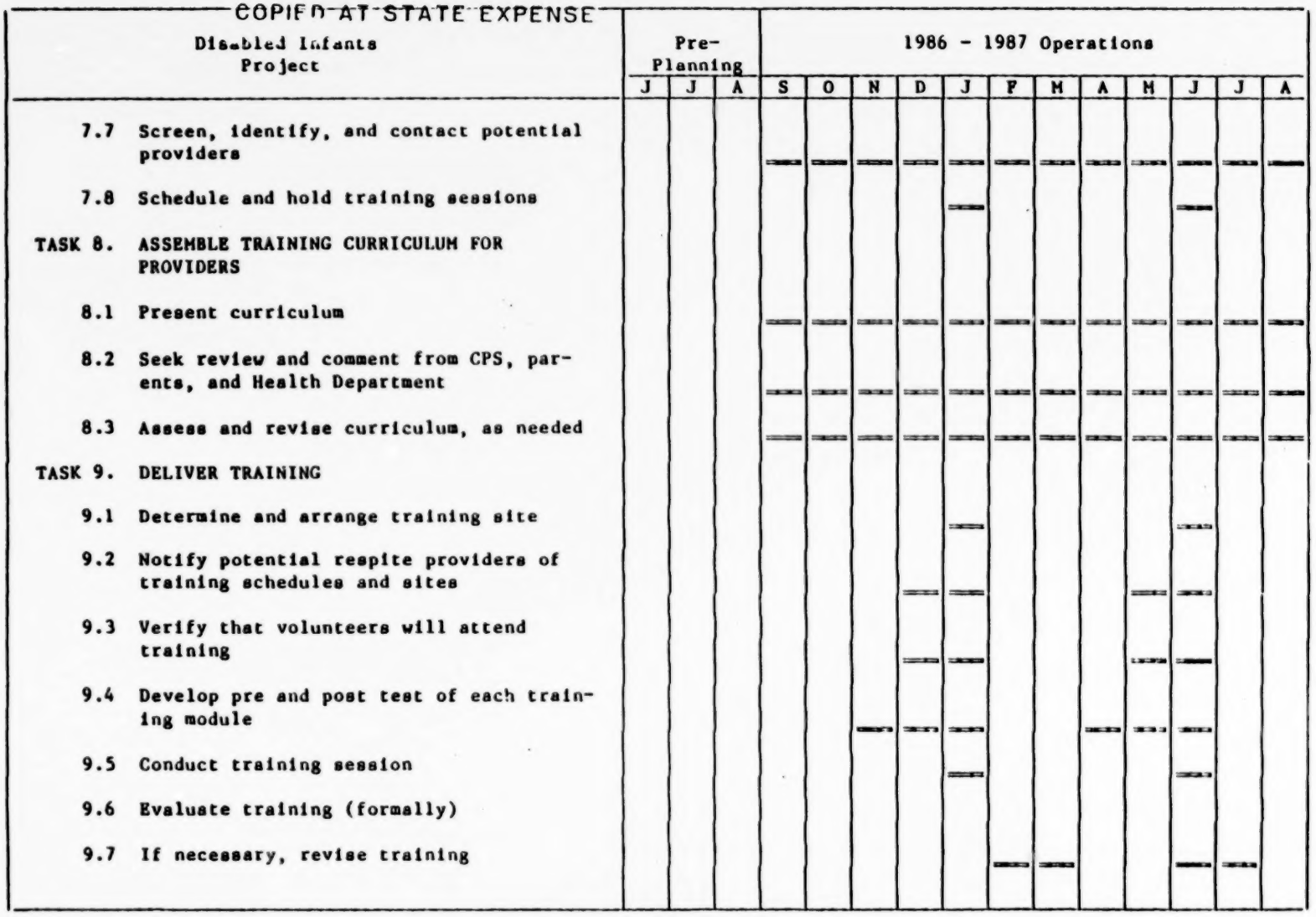
Disabled Infants Project
Pre-Planning
J J A
1986 - 1987 Operations
S O N D J F M A M J J A
7.7 Screen, identify, and contact potential providers
7.8 Schedule and hold training sessions
TASK 8. ASSEMBLE TRAINING CURRICULUM FOR PROVIDERS
8.1 Present curriculum
8.2 Seek review and comment from CPS, parents, and Health Department
8.3 Assess and revise curriculum, as needed
TASK 9. DELIVER TRAINING
9.1 Determine and arrange training site
9.2 Notify potential respite providers of training schedules and sites
9.3 Verify that volunteers will attend training
9.4 Develop pre and post test of each training module
9.5 Conduct training session
9.6 Evaluate training (formally)
9.7 If necessary, revise training

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Disabled Infants Project	Pre-Planning			1986 - 1987 Operations											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
9.8 Conduct ongoing training														—	—
TASK 10. DEVELOP ON-GOING REFERRAL PROCESS															
10.1 Meet with CPS program directors and supervisors to discuss referral procedures			—	—	—										
10.2 Design referral procedures			—	—	—										
10.3 Disseminate agreed upon referral procedures and implement				—	—	—									
10.4 Receive, screen, determine appropriateness of referrals					—	—	—	—	—	—	—	—	—	—	—
10.5 Inform CPS of status of referral (in writting)					—	—	—	—	—	—	—	—	—	—	—
TASK 11. PROVIDE SERVICES TO FAMILY AND SUPERVISE PROJECT STAFF															
11.1 Assign case to project nurses					—	—	—	—	—	—	—	—	—	—	—
11.2 Supervise project nurses					—	—	—	—	—	—	—	—	—	—	—
11.3 Schedule and hold case staffings					—	—	—	—	—	—	—	—	—	—	—
11.4 Document case activities					—	—	—	—	—	—	—	—	—	—	—
11.5 Provide progress reports to CPS staff members					—	—	—	—	—	—	—	—	—	—	—

E-5

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Disabled Infants Project	Pre-Planning			1986 - 1987 Operations											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
TASK 12. ACCESS AND COORDINATE WITH RESOURCES															
12.1 Locate/use available resources					—	—	—	—	—	—	—	—	—	—	—
12.2 Explain project goal and objectives					—	—	—	—	—	—	—	—	—	—	—
12.3 As necessary, seek assistance with/for cases and care providers				—	—	—	—	—	—	—	—	—	—	—	—
TASK 13. COMPILE RESOURCE DIRECTORY															
13.1 Assemble list of available resources				—	—	—	—	—	—	—	—	—	—	—	—
13.2 Screen resources helpful to project clients and staff				—	—	—	—	—	—	—	—	—	—	—	—
13.3 Compile directory				—	—	—	—	—	—	—	—	—	—	—	—
TASK 14. COORDINATE ACTIVITIES BETWEEN ABILENE AND DALLAS PROJECT SITES															
14.1 Schedule and hold initial meeting to discuss project and curriculum development				—											
14.2 Share information and findings through monthly telephone contact				—	—	—	—	—	—	—	—	—	—	—	—
14.3 Schedule and hold quarterly meetings to discuss progress						—			—			—			—
TASK 15. PROVIDE INFORMATION FOR PROJECT REPORTING AND EVALUATION															

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Disabled Infants Project	Pre-Planning			1986 - 1987 Operations											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
15.1 Inform project specialist (State Office) of project activities and any problems				—	—	—	—	—	—	—	—	—	—	—	—
15.2 Submit monthly/quarterly reports to project specialist				—	—	—	—	—	—	—	—	—	—	—	—
15.3 Participate in consultative visits of OSMRD staff		—				—			—			—			—
TASK 16. ADVOCATE FOR UTILIZATION OF PROJECT FINDINGS															
16.1 Develop and implement utilization plan				—	—	—	—	—	—	—	—	—	—	—	—
16.2 Identify products for dissemination				—	—	—	—	—	—	—	—	—	—	—	—
16.3 Identify appropriate audiences for presentation of project findings				—	—	—	—	—	—	—	—	—	—	—	—
16.4 Make presentations as appropriate				—	—	—	—	—	—	—	—	—	—	—	—
TASK 17. PREPARE PROCEDURAL MANUAL OUTLINING GUIDELINES FOR ACCESSING SOCIAL AND FINANCIAL RESOURCES															
17.1 Collect data of project procedures				—	—	—	—	—	—	—	—	—	—	—	
17.2 Outline and write procedural manual								—	—	—	—	—	—	—	—
17.3 Print manual															
17.4 As needed, request OSMRD technical assistance				—	—	—	—	—	—	—	—	—	—	—	—

E-7

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Disabled Infants Project	Pre-Planning			1986 - 1987 Operations											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
TASK 18. PREPARE AND SUBMIT QUARTERLY/FINAL REPORTS (ORDE)															
18.1 Gather and record information about project proceedings				—	—	—	—	—	—	—	—	—	—	—	—
18.2 Organize data and submit to funding source at agreed upon intervals				—	—	—	—	—	—	—	—	—	—	—	—
TASK 19. DISSIMINATE PROJECT RESULTS				—	—	—	—	—	—	—	—	—	—	—	—

APPENDIX F

Process Evaluation Plan

PROCESS EVALUATION PLAN
DISABLED CHILDREN'S PROJECT

BACKGROUND

Infants and children with life-threatening medical or disabling conditions require a tremendous amount of care and ongoing medical treatment to ensure their survival. Unfortunately, some birth parents find their child's condition so traumatic that they either cannot or will not provide the necessary care.

In cases where birth parents cannot or will not provide care necessary for the survival of their child, child protective services (CPS), is responsible for ensuring protection of the child. When substitute care is needed, CPS frequently finds that the attitudes and feelings expressed by potential foster parents are similar to those observed in the birth parents. Specifically, foster parents also are afraid to assume the responsibility and risks of caring for such a child. These similarities of feelings, attitudes, and lack of skills among birth parents and foster parents pose a critical placement dilemma for CPS.

Recognizing the unique problems associated with caring for infants and children who have disabling conditions, Texas Department of Human Services (DHS) regions 4 and 5 proposed to address these problems through the Disabled Children's Project.

The project presents a model designed to (1) provide training and support services to birth parents and foster parents of infants and children who have disabling conditions and to (2) assist these birth parents and foster parents to access social and financial resources available for infants and children who have disabling conditions.

A process evaluation of the Disabled Children's project will be conducted by the project specialist in the Office of Strategic Management, Research, and Development (SMRD). The evaluation will determine whether the project objectives were met and also will describe methods used to implement and test the model for providing training and support services to birth parents and foster parents of infants and children who have disabling conditions.

EVALUATION QUESTIONS

Five objectives were established for the Disabled Children's Project. In the following subsections, the major questions to be addressed in the process evaluation are listed under each objective.

Questions for Objective 1

Objective 1 is to provide training to birth parents, foster parents, and respite care providers on how to care for infants and children who have disabling conditions. The process evaluation will address the following questions about this objective:

- How were birth parents, foster parents, and respite care providers identified for the training?
- How many birth parents, foster parents, and respite care providers were trained?
- How was the training provided to birth parents, foster parents, and respite care providers on how to care for infants and children who have disabling conditions?
- What was the content of the training provided to birth parents, foster parents, and respite care providers on how to care for infants and children who have disabling conditions?
- Who developed the curriculum for the training on how to care for infants and children who have disabling conditions?
- How was the training on how to care for infants and children who have disabling conditions received by the birth parents, foster parents, and respite care providers?

Questions for Objective 2

Objective 2 is to develop and provide supportive services to birth parents and foster parents of infants and children who have disabling conditions. The evaluation will cover the following questions:

- What supportive services were developed for birth parents and foster parents of children who have disabling conditions?
- How many birth parents and foster parents received supportive services?
- How were the supportive services provided to the birth parents and foster parents of children who have disabling conditions?
- What conclusions were reached about the effectiveness of the supportive services provided to birth parents and foster parents of infants and children who have disabling conditions?

Questions for Objective 3

Objective 3 is to provide nursing consultation to CPS staff. Evaluation questions for this objective include—

- How did the project staff provide nursing consultation to CPS staff?
- What were the major areas of nursing consultation provided to CPS staff?
- How many CPS staff used the nursing consultation?
- What were the perceptions of CPS staff regarding the nursing consultation?

Questions for Objective 4

Objective 4 is to develop and implement procedures for identifying and accessing social and financial resources available for infants and children who have disabling conditions and their families. The process evaluation will address the following questions about this objective:

- What procedures were developed for identifying and accessing social and financial resources available for infants and children who have disabling conditions and their families?

- How were the procedures implemented for accessing social and financial resources available for infants and children who have disabling conditions and their families?

- What problems were encountered in developing and implementing procedures for accessing social and financial resources available for infants and children who have disabling conditions and their families?

Questions for Objective 5

Objective 5 is to develop a reliable data base of actual placement needs of infants and children who have disabling conditions. The evaluation questions will cover the following objective:

- What methods were used to develop a reliable data base of actual placement needs of infants and children who have disabling conditions?

- What were the major findings regarding the actual placement needs of infants and children who have disabling conditions?

- What problems were encountered in developing a reliable data base of actual placement needs of infants and children who have disabling conditions?

DATA COLLECTION PROCEDURES

The extent to which project objectives were met will be assessed by the project specialist from narative progress reports written by the project director.

Copies of any project products and contracts will accompany the monthly reports. Some of the expected products include—

- curriculum for training birth parents, foster parents, and respite care providers on how to care for infants and children who have disabling conditions;

- reporting its methods and procedures in a procedural workbook, which includes:

  --procedures for identifying and accessing social and financial resources available to children who have disabling conditions and for coordinating efforts with the Services to Aged and Disabled Program;

  --system for gathering reliable data base of actual service and placement needs of children who have disabling conditions.

- copy of a resource directory of available services for children who have disabling conditions;

The project specialist also will obtain information through personal contact with the project staff, site consultative visits, and attendance at meetings.

LIMITATIONS

There are no anticipated barriers or limitations to the successful completion of the process evaluation for this demonstration project. The schedule for carrying out the evaluation is shown in the project's Detailed Work Plan prepared and submitted during the first quarter.

APPENDIX G

Copy of We Magazine Article

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Project helps disabled children in two regions

by Don Kerr, staff writer

Medically needy children in Texas are receiving better care thanks to a project that gives training and support to birth parents and foster parents unable to meet the needs of disabled children.

First proposed in September 1986 by Chris Jaimez, child protective services supervisor for foster care in Fort Worth, the federally funded Disabled Children's Project is now in its ninth month as a pilot in the Arlington and Abilene regions.

"What I was seeing was the stress that these children were putting on our system not only with foster homes, but with the workers themselves," Jaimez said. "It is usually a crisis situation having to place these children in a foster home right out of a hospital. We were finding that when we placed them, the skills that the foster parents needed to care for them weren't always there. We were seeing disruptions occur."

Jaimez found that the number of medically needy children was higher than she had estimated, so she proposed that a project be funded to deal with the problem. "The Visiting Nurses Association had wanted to do some networking with us to work with children who might need skilled nursing care, so I asked them if they wanted to help me write the proposal."

To be eligible for the project, the child must be an active CPS case, said Sandra Galindo, a registered nurse and project coordinator for the Arlington region. "I get a lot of calls from other agencies with children who they feel may benefit from this service," Galindo said. "However, the way the proposal is written, the child must be an active CPS case and must be referred by a CPS worker. In addition, there must be a disability of some kind, whether long term, like cerebral palsy or cystic fibrosis, or short term, such as burns. There also must be a teaching need."

DHS usually receives a case referral from a staff doctor or someone who may think that a child is medically neglected or abused. "As a result, CPS intervenes," Galindo said. "Sometimes, substitute care becomes necessary. What we found was that once a child is placed in substitute care, the foster parents experience the same problems with care that the birth parents experienced. Soon, the foster parents can't deal with the problems anymore and ask that the child be placed elsewhere. Sometimes kids were getting placed two or three times. So, not only is the child eligible for services, but the birth parents and foster parents as well."

The project's in-home services began in August after standards were approved by a physician. "Standards had to be developed with a physician as well as with CPS administration because nowhere in the CPS handbook does it address how nurses will be used in CPS," Galindo said. "In order to cover the nurses by the program both professionally and legally, we had to develop a set of standards for us in line with what the CPS handbook outlines for CPS workers."

The services include an individual assessment of the health care needs of the child, an individual care plan for each child and family, and training for the family. Classroom training for foster parents, birth parents and CPS workers is also an integral part of the program.

"Through the project, we hope to prevent removal of the child from the biological home," Galindo said. "If removal is inevitable, then we hope to expedite placement back in the home. We also want to provide more appropriate and less disruptive placements and have a more informed CPS staff."

The project has five goals: to provide training to birth parents, foster parents and respite care providers; to give support services to the birth and foster parents; to provide nursing consultations to CPS staff; to identify and access social and financial resources available to medically needy children and their families; and to develop a reliable data base of the actual placement needs for the children.

"Training is provided in-home on a one-on-one basis with the family and in groups," Galindo said. "In-home training means that a registered nurse will go to the home and do a full assessment

of the child—neurologically, developmentally and physically—to determine the child's needs. Then, the nurse will develop a plan with the child's caseworker, foster home developer, foster parent and birth parent, if needed, and the physician. It's almost like a home health service."

The seven-week training includes CPR and information on medical disorders of medically needy children, home care, growth and development, nutrition, and caring for a sick child. "We've just finished developing these modules so that anyone can provide the training," Galindo said. "Ideally, an RN would be involved, but if that's not possible, a caseworker could pick up the module and provide the training."

Support services include respite care, transportation and available resources such as durable medical equipment. "It also includes someone to just be there to say, 'Yes, you're doing this proce-

(Continued next page)

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dure correctly like the doctor showed you in the hospital,' " she said. "We get a lot of calls from foster parents who just want someone to talk to about what's going on with the child."

Nursing consultations to CPS staff are offered through meetings and at the hospital, if needed. "We provide information on medication to both the caseworker and foster parent. Most CPS workers are expected to be experts in everything, and to expect them to also be experts in the medical field was asking too much, so that's one reason that was made a goal."

Identifying and accessing social and financial resources is important to keep costs down. "There was a child in Dallas who required $4,000 a month in durable medical equipment, which the county absorbed," Galindo said. "Our medical social worker, Sheilla Dirkes, discovered that the child was eligible for crippled children's funds and worked with the caseworker to apply for the money. Now, at least half of the cost of the bill may be paid by the funds."

The final goal of developing a reliable data base is met by evaluating each child, Galindo said. "We look at what their needs are and whether the project can meet them. If we can't, then we determine what's needed to meet those other needs."

Jaimez said she didn't anticipate many of the medical liability issues that had to be addressed in the project. As a result, progress has been slower than she had hoped. However, the project is funded in both regions through August 1988.

"I don't really see the project as ending," Galindo said. "In fact, I see it as becoming a statewide project. It may be adapted from region to region. We've identified 133 kids at this point who could benefit from our services, and I'm identifying one or two more every day who come in as new referrals from intake."

APPENDIX H

Correspondence on Licensure

MEMORANDUM

TEXAS DEPARTMENT OF HUMAN SERVICES

SUBJECT: Home Health Service License

TO:

Sandra Galindo
Supervisor
Disabled Children's Project
Ft. Worth, 128-9

FROM:

Melba M. Price
Assistant Regional Attorney
Arlington, 012-5

DATE: June 16, 1987

Enclosed for your information, please find all correspondence regarding the requirement of a Home Health Service license. The letter dated March 31, 1987 from the Department of Health exempts DHS from the requirement of a license.

Melba M. Price

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Texas Department of Human Services
631 106th Street
Arlington, Texas 76011-5128
(817) 640-5090
COMMISSIONER

BOARD MEMBERS

January 16, 1987

Mr. Hal Nelson
Office of the General Counsel
1100 W. 49th Street
Austin, Texas 78756

RE: Home Health Services License

Dear Mr. Nelson:

The Texas Department of Human Services has instituted a project to provide training, demonstrations and support services to biological and foster parents of abused and neglected children with physical disabilities who qualify for our service.

After a review of the Home Health Services Act, it is our interpretation that generally a license is required of a provider of home services if the home health agency offers its services for pay or other consideration.

Our service will be offered to those who qualify on a non-profit basis. Please clarify whether or not the Texas Department of Human Services, a state agency, is subject to the licensing requirements of your department.

Your prompt and courteous attention to this request is greatly appreciated.

Sincerely,

Oletha B. Collins

Oletha Barnett Collins
Regional Attorney

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Texas Department of Health

Robert Bernstein, M.D., F.A.C.P.
Commissioner

1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7111

Robert A. MacLean, M.D.
Deputy Commissioner
Professional Services

Hermas L. Miller
Deputy Commissioner
Management and Administration

February 6, 1987

Ms. Oletha B. Collins
Regional Attorney
Texas Department of Human Services
631 106th Street
Arlington, Texas 76011-5128

Re: Home Health Service License

Dear Ms. Collins:

Mr. Hal Nelson has requested that I respond to your letter of January 16, 1987, concerning the need for the Texas Department of Human Services to apply for a home health agency license.

I have spoken to Ms. Melba Price in your Arlington office on February 5, 1987. Since our office has not received a request of this nature from Texas Department of Human Services before, I inquired if your central office staff has had an opportunity to review this issue. Because of the statewide implications, I suggested that you may wish to have a broader review of this matter within your agency.

The licensing law requires a license if the services delivered fall within the definition of "health services" and are delivered "for pay or other consideration". If a question on your licensing status remains after further Texas Department of Human Services review, please forward to me a description on the services provided and the "pay or other consideration" that will be required.

Please call at (512) 458-7236 if you have questions.

Sincerely,

Susan K. Steeg

Susan K. Steeg, Staff Attorney
Office of General Counsel

JAN 11 1986

Texas Department of Human Services

631 106th Street
Arlington, Texas 76011-5128
(817) 640-5090

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March 17, 1987

Ms. Susan K. Steeg
Staff Attorney
Office of General Counsel
Texas Department of Health
1100 W. 49th Street
Austin, Texas 78756-3199

RE: Home Health Service License

Dear Ms. Steeg:

This letter is in response to your letter of February 6, 1987, in which you addressed concern over the nature of my request to the Texas Department of Health and suggested that this matter be reviewed from a broader perspective within the Department of Human Services.

As background information, it is important that I inform you of events leading up to my request. Texas Department of Human Services employee, Sandra Galindo, coordinates the Department's Disabled Children's Project. In past connections dealing with home health agencies, Ms. Galindo wondered how her project compared with a home health agency, and without contacting the legal unit within the Texas Department of Human Services, she contacted the Texas Department of Health on December 6, 1986. On that date, Becky Beechner, Program Administrator with Health Facility Licensure and Certification Division of your Department, indicated to her that the services rendered by the Department of Human Services would come under the definition of home health agency and that we would need to ask for a waiver of licensing. At this time Ms. Galindo contacted me.

My review and interpretation of home health agencies as defined by Vernon's Ann. Civ. St. Art. 4447u did not appear to be in accordance with Ms. Beechner's directive to Ms. Galindo. I thought this could quickly be settled by phone. As a result, I contacted your General Counsel's office and spoke to Hal Nelson. I explained the situation to Mr. Nelson who instructed me to put my request in writing to him. As I indicated in my letter of January 16, 1987, this is a project to provide training, demonstration, and support services to biological and foster parents of abused and neglected children with physical disabilities who qualify for our services. No pay or other consideration is received. The Texas Department of Human Services like the Texas Department of Health is a public agency.

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Normally, your Department would not have been contacted. However, since Ms. Beechner did indicate that we need to request a waiver, I felt it imperative to clear this through your general counsel who instructed me to put the question in writing.

A copy of this letter is being mailed to our central office. Again, I do not feel a waiver is necessary but since one Division within your Department has indicated that such is necessary, I believe I need clarification from your office.

If you need additional facts to determine whether or not a waiver is needed, please contact me and I will be happy to provide you with whatever is necessary.

Sincerely,

Oletha B. Collins

Oletha Barnett Collins
Regional Attorney

cc: Hal Nelson, TDH, 110 West 49th Street, Austin, Texas 78756-3199
Kathy Reed, TDHS, Office of General Counsel, Austin, 170-W

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Texas Department of Health

Robert Bernstein, M.D., F.A.C.P.
Commissioner

1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7111

Robert A. MacLean, M.D.
Deputy Commissioner
Professional Services

Hermas L. Miller
Deputy Commissioner
Management and Administration

March 31, 1987

Ms. Oletha Barnett Collins
Regional Attorney
Texas Department of Human Services
631 106th Street
Arlington, Texas 76011-5128

RE: Home Health Services Act

Dear Ms. Collins:

This is in response to your letter of March 17, 1987. I was not aware of the previous conversations with the staff of our agency.

The definition of Home Health Service requires that a health service be provided for pay or other consideration in a patient's residence. Since the services provided by the Texas Department of Human Services are not offered for pay or other consideration, the Act would not apply. Based on the information you have provided, the service provided by the Department of Human Services may not meet the definition of health service under the Act.

By copy of this letter, I am advising our Home Health Service Program that no license be required for the Texas Department of Human Services' project to provide training, demonstrations and support services to biological and foster parents of abused and neglected children with physical disabilities.

Please let me know if you have any further questions.

Sincerely,

Susan K. Steeg

Susan K. Steeg
Staff Attorney

SKS:sl

cc: Becky Beechinor
Program Administrator
Texas Department of Health
Home Health Services Program

Kathy Reed
Texas Department of Human Services
Office of General Counsel
701 W. 51st
Austin, Texas 78756

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